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Attorneys for Defendant

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF OREGON

HORIZON CHRISTIAN SCHOOL, an  
Oregon nonprofit corporation;  
MCMINNVILLE CHRISTIAN ACADEMY,  
an Oregon nonprofit corporation; and LIFE  
CHRISTIAN SCHOOL, an assumed business  
name,

Plaintiffs,

v.

KATE BROWN, GOVERNOR OF THE  
STATE OF OREGON, in her official capacity  
only,

Defendant.

Case No. 3:20-CV-01345-MO

**DECLARATION OF DR. DEAN  
SIDELINGER IN OPPOSITION TO  
PLAINTIFFS' MOTION FOR A  
TEMPORARY RESTRAINING ORDER**

I, Dean Sidelinger, do hereby declare:

1. I serve as the State Health Officer and State Epidemiologist for Oregon. In this  
role I support public health practice, programs, and staff. With respect to COVID-19, my role

has been to participate as a Senior Health Advisor as part of the Incident Management Team structure, oversee the epidemiological response and reporting of data to our federal public health partners and to provide briefings to the Governor to guide responses to control the pandemic.

2. I received my MD degree from Georgetown University School of Medicine, completed several years of coursework towards a Master of Public Health, and received a Masters of Science in Education from University of Southern California. I completed a Fellowship in Community Pediatrics following completion of Pediatrics Residency. My curriculum vitae is attached to this declaration as Exhibit 1.

3. I was asked to provide information about COVID-19, its prevalence in the State of Oregon, and Governor Brown's Executive Orders regarding COVID-19.

4. COVID-19 (i.e., coronavirus disease 2019) is an infectious disease caused by a virus (SARS CoV-2). COVID-19 is primarily spread person-to-person through respiratory droplets when an infected person coughs, sneezes or talks. These droplets can then be inhaled by people nearby (generally within 6 feet) who in turn become infected. While not the main mode of transmission, it may be possible for someone to become infected from touching a surface contaminated by respiratory droplets containing the COVID-19 virus, and then touching their face (mouth, nose, eyes).

5. The COVID-19 virus is spread relatively easily. Spread of infectious agents is commonly presented as  $R_0$ , or the reproductive number.  $R_0$  represents the number of people who are expected to get infected from one case in the absence of control measures, such as physical distancing, limits on gathering sizes, and use of face coverings. The estimated  $R_0$  from COVID-19 is up to 5.7. COVID-19 is more infectious than H1N1 influenza ( $R_0=1.5$ ) but less than measles ( $R_0=12-18$ ).

6. While infected people with symptoms (coughing and sneezing) are understood to be most likely to spread the virus, recent data indicate that asymptomatic and pre-symptomatic infected persons contribute to the spread of COVID-19 virus. Although testing capacity has

increased, testing of asymptomatic individuals is limited, so it is not possible to quantify the complete role that asymptomatic and pre-symptomatic transmission has in the continued pandemic.

7. As of August 17, 2020, the U.S. had a total of 5,382,125 diagnosed cases of COVID-19; 169,350 people in the U.S. had died from COVID-19. As of August 18, 2020, Oregon has had 23,676 diagnosed cases; 397 Oregonians have died from COVID-19. For the week ending August 8, 2020, 2,202 new cases were identified, or 52 per 100,000. No source for the case can be identified for almost half of recent cases in Oregon. This is consistent with diffuse community spread.

8. In Oregon, as of August 18, 2020, fifteen percent of reported COVID-19 cases have been of people aged 19 and under. The number of pediatric cases rose sharply in June and July (<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e3222.pdf>, Figure 4). A larger percentage of the reported pediatric cases have been asymptomatic (24.4%) than adult cases (10.5%) (*ibid*, Figure 5).

9. The community mitigation measures put in place in Oregon, including Governor Brown's Executive Orders, have reduced the spread of COVID-19 in Oregon. Without an effective vaccination, reducing contact between individuals who are infected and those susceptible to infection is the only effective measure to reduce the spread of disease, including severe disease. Largely due to the emergency measures instituted by the Governor's Executive Orders and the public's compliance with those measures and other public health guidance, the effective reproduction number is estimated to be approximately 1.0 in Oregon. This means that the prevalence of COVID-19 is neither substantially increasing nor substantially increasing under present conditions.

10. Because of the measures Governor Brown has put in place, the state has one of the lowest rates of infection in the United States. The phased reopening approach being implemented by Governor Brown is designed to support physical distancing and decrease spread

of the disease. This is important in keeping the rise of cases in check to prevent additional peaks that could overwhelm the healthcare system and to protect Oregonians who are more susceptible to complications from COVID-19. Like other communities, even with physical distancing and source containment (face covering) requirements in place, reopening has led to an increase in transmission of the virus causing COVID-19 in Oregon.

11. COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. While it was previously thought that children experience few symptoms or complications, recent reports have identified a severe multisystem inflammatory syndrome in children (MIS-C) associated with the COVID-19 virus. This has resulted in deaths in children affected. According to the Centers for Disease Control and Prevention (CDC), the rate of hospitalization in children is low compared with that in adults, but hospitalization rates in children are increasing (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>). Children with severe COVID-19 may develop respiratory failure, myocarditis, shock, acute renal failure, coagulopathy, and multi-organ system failure.

12. The risk of transmission differs among settings. Transmission between individuals depends on length of exposure, space between individuals, and air flow, among other variables. That is why the Governor's Executive Order 20-30 and its predecessors distinguish among different settings. However, the prevalence of the disease in the community is a relevant consideration in every setting. In addition, the risk of additional infections in any setting creates a public health risk beyond those participating in the particular activity. For example, a student or staff member who contracts the virus at a school could spread the virus to other members of his or her household, who could in turn spread the virus to others.

13. K-12 schools are a distinctive setting because of the number individuals gathered in a single location, repeated day-long exposures to the same individuals, and the age of the individuals involved.

14. Based on Governor Brown's orders, including her actions as Superintendent of Public Instruction, public schools were closed statewide beginning March 16, 2020. Based on Governor Brown's Executive Order 20-20, private schools were also closed statewide beginning April 28, 2020. Many public and private schools closed before closures were required statewide.

15. On June 24, 2020, Governor Brown issued Executive Order 20-29, which provided that on-site instruction may only take place in public and private K-12 schools if it complied with guidance issued by the Oregon Health Authority (OHA) and Oregon Department of Education (ODE). That order was extended by Executive Order 20-30. The OHA and ODE guidance provides that, in general, public and private schools may reopen for on-site instruction after (a) five percent or less of COVID-19 tests are positive statewide for three consecutive weeks, and (b) for three consecutive weeks, in the school's county, (i) five percent or less of COVID-19 tests are positive, and (ii) there are 10 or fewer new cases per 100,000 population. For K-3 on-site instruction to resume, (a) for three consecutive weeks, the school's county must have (i) positive COVID-19 tests of five-percent or less and (ii) fewer than 30 new cases per 100,000 population, and (b) no confirmed cases of COVID-19 among school staff or students in the past 14 days. The guidance also provides other specific thresholds for rural and small districts. After the threshold for on-site instruction is met, a school must meet extensive public health requirements and submit an Operational Blueprint for Reopening to the Oregon Department of Education before on-site instruction begins.

16. Because students and staff live in the communities that they go to school, the prevalence of diagnosed cases of COVID-19 in a school's county is an important measure of the likelihood that on-site instruction would result in additional COVID-19 infections. The test positivity rate is an important measure of whether testing is sufficiently available that the number of diagnosed cases is a reliable measure of the prevalence of disease; that is, a high test positivity rates may suggest that there are large numbers of untested undiagnosed cases. The test positivity

rate is also an important measure of the capacity of public health systems to contain community spread of the disease through testing, tracing, and voluntary quarantine and isolation.

17. In addition to relying on the expertise of OHA and ODE staff in Oregon public health and education, the agencies consulted numerous data analyses in developing its guidance. Because schools have been closed since the early onset of COVID-19 in Oregon and throughout most of the United States, OHA and ODE relied on observations made after schools in other countries were reopened. In Denmark, Germany, Netherlands, France, New Zealand, and Australia, schools were safely and successfully reopened after community infection rates were well below the current rates in Oregon and public health measures were implemented in schools to limit the transmission of disease. In Israel, schools reopened after the number of cases there fell to near zero. But increasing numbers of COVID-19 cases in the community after reopening quickly spread to school settings, leading to almost half of new cases in June being contracted in schools. In the United States, schools that opened in communities with high rates of cases, often without stringent public health control measures in schools, quickly saw cases in schools among students and staff leading to large numbers of individuals in quarantine and school closures. Modeling is also a useful tool that assists policymakers with planning and policy assessment despite its limitations. Modeling depends on the current state of the scientific literature. While several models are available in Oregon, the Oregon Health Authority has partnered with the Institute for Disease Modeling (IDM) from Bellevue, Washington to estimate the future spread of COVID-19, including the impacts of policy changes. A July 13, 2020 analysis IDM conducted of King County, Washington found that reopening schools to in-person instruction, even with protective measures like physical distancing and face coverings, will cause significant growth of the epidemic. Other studies have also found that closing schools would prevent 2 to 4% of deaths from COVID-19.

18. The different treatment of K-3 education is based on the preliminary data showing that children 9 years and younger are less susceptible to complications from infection. Some

studies that examined household transmission and transmission in schools in Ireland and Australia indicate that younger children may less easily transmit the infection than others. Other data found the amount of virus identified in young children's airways was higher than in older children and adults, but this has not been directly linked to their ability to more easily infect others. Young children, in comparison to older children, also have greater difficulty fully engaging in distance learning. The specific standards for rural and small districts account for remote population centers for which county-wide measures are not reliable indicators of the risk of community spread.

19. More than one in seven Oregonians is a K-12 student, and nearly every student lives with an adult. Consequently, any increase of infection rates of K-12 students will likely have a substantial impact on COVID-19 infection rates throughout the state.

20. On June 12, 2020, Governor Brown issued Executive Order 20-28, which created that on-site instruction may only take place in public and private colleges and universities if it complied with guidance issued by the Oregon Health Authority (OHA). That order was extended by Executive Order 20-30.

21. Under the OHA guidance for higher education, there are numerous prerequisites to a college or university offering in-person instruction. Among other restrictions, in-person classroom instruction cannot exceed 50 individuals, except for in counties that are at Baseline or in Phase I, which cannot exceed 25 individuals. Colleges and universities are required to file a final operational plan by September 1, 2020. A minimum of 35 square feet of usable classroom space per person is required.

22. Executive Order 20-30 also extends Executive Order 20-27, which implements a phased approach to reopening other sectors of the economy and society. Under these orders, for counties in Phase I, gatherings are limited to 25 individuals. Those gatherings include theaters, auditoriums, sporting events (even outdoor sporting events), conventions, and any other type of gathering—even if held outside—whether secular or religious that is for a recreational, social,

civic, cultural, or faith-based purposes. Faith gatherings are treated the same as other gatherings. For counties in Phase II, indoor gatherings are limited to 50 individuals and outdoor gatherings are limited to 100 individuals, so long as they maintain physical distancing of at least six feet between individuals who are not from the same household. There are public health reasons to limit gatherings differently than other activities. Gatherings involve a group of people coming together for a similar purpose, for a period of time and often arriving and leaving at the same time. The proximity of people attending a gathering and the length of time that the same individuals spend together can lead to easier transmission of the virus that causes COVID-19.

23. I understand that the plaintiffs argue that the Executive Orders lack a public health justification for distinguishing between K-12 education and higher education, gatherings, and various commercial settings. However, contrary to their arguments, there are public-health based reasons that support the distinctions made under Governor Brown's executive orders.

24. Higher education students generally are more able to follow the public health and hygiene requirements than K-12 students. Children generally have lower levels of personal hygiene than adults. Children are also less able than adults to self-regulate their behavior, including complying with physical distancing requirements and consistently using face coverings effectively. In addition, the day-to-day environment of higher education is different from a K-12 school. Typically, higher education students spend less time in class per day than K-12 students. Higher education classes usually meet fewer days per week, which reduces the number of class days a pre-symptomatic student could spread the virus before it was detected. Nevertheless, many colleges and universities in Oregon have stopped or sharply decreased in-person instruction.

25. K-12 schools are also different from the businesses that have remained open under the Executive Orders. For example, restaurants are different than classrooms, because diners do not stay at a restaurant all day. Restaurant patrons also do not all arrive and leave at the same time, and therefore do not have the same length of time together with members from other



parties as students who spend long periods of time with other students in their classes. To take another example, close contact between individuals in stores and other retail settings such as malls is brief compared to a K-12 school day. Shoppers may pass each other in a store, but they do not typically spend extended periods of time near the same individuals. Consequently, the risk of transmission from an infected person is less than the contact of students attending a school for a whole day.

26. Currently, without a vaccination or effective treatment that can prevent complications and death in patients with COVID-19, the only effective method to impact complications and fatalities is decreasing transmission. This is done by separating ill people, including infected individuals without symptoms, from other individuals. The decrease in transmission to date from the community mitigation measures has prevented illnesses, and deaths, in Oregon. This has kept the death rate due to COVID-19 in Oregon lower than other states. Because there is not yet a vaccine, and treatments continue to be supportive or experimental, continuing closures and other physical distancing measures are necessary to limit transmission and keep COVID-19 mortality rates low.

27. The precise case fatality rate for COVID-19 in general or in Oregon in particular is unknown. However, Oregon's current data suggest that is greater than 1.5%, more 10 times higher than for influenza. In addition to respiratory symptoms, COVID-19 infection complications include coagulopathy and cardiomyopathy, which may have long term consequences for individuals even after recovery from the acute illness. As we have seen in other countries (Italy, Spain) and states (New York), the health care system can quickly become overwhelmed and lack the staff, beds, and equipment necessary to care for sick patients. It behooves us to slow the spread and flatten the curve in an effort to not overwhelm health care, and to delay and prevent transmission while we await the development of a vaccine.

**I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.**

DATED August 19, 2020.

*s/Dean E. Sidelinger*  
DEAN E. SIDELINGER

**DEAN EDWARD SIDELINGER, MD, MSED, FAAP****WORK**

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 Portland, OR 97232  
 Phone: (971)673-0716  
 E-mail: Dean.E.Sidelinger@dhsosha.state.or.us

**PERSONAL INFORMATION**

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**CURRENT POSITION**

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2019-Present	Oregon Health Authority, Office of the State Public Health Director <i>State Health Officer &amp; State Epidemiologist</i>	Portland, OR
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I serve as the State Health Officer and State Epidemiologist for Oregon. In this role I support public health practice, programs, and staff.

**EMPLOYMENT HISTORY**

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2019	Health and Human Services Agency, County of San Diego <i>Interim Deputy Public Health Officer</i>	San Diego, CA
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I served as the Interim Deputy Public Health Officer for the County of San Diego, California (population 3.3 million); Public Health Services includes 6 branches: California Children's Services; Epidemiology and Immunization Services; HIV, STD, and Hepatitis; Maternal, Child, and Family Health Services; Public Health Preparedness and Response; and Tuberculosis and Refugee Health.

2012-2019	Health and Human Services Agency, County of San Diego <i>Child Health Medical Officer; Deputy Public Health Officer (2012-2014)</i>	San Diego, CA
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I provided strategic direction for Agency programs impacting children and families as part of implementation of the County of San Diego's Live Well San Diego vision to build a healthy, safe, and thriving community.

In addition, I served as the *Interim Maternal, Child, and Family Health Services Chief* (January 2013-January 2014).

2007-2011	Health and Human Services Agency, County of San Diego <i>Deputy Public Health Officer</i>	San Diego, CA
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In addition, I served as the *Interim Maternal, Child, and Family Health Services Chief* (February – October 2009) including merging California Children Services into the Branch.

2003-2007	Department of Pediatrics University of California, San Diego <i>Assistant Professor Clinical Instructor (2003-2004)</i>	San Diego, CA
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**EDUCATION**

2001–2003	University of Southern California <i>Masters of Science in Education (MSEd)</i>	Los Angeles, CA
2000–2002	San Diego State University <i>Coursework toward Masters in Public Health</i>	San Diego, CA
1993–1997	Georgetown University School of Medicine <i>Doctor of Medicine (MD)</i>	Washington, DC
1989–1993	Georgetown University <i>Bachelor of Science in Chemistry (BS)</i>	Washington, DC

**POST-GRADUATE TRAINING**

2000–2003	University of California, San Diego (UCSD) <i>Community Pediatrics Fellowship</i>	San Diego, CA
1998–2000	University of Tennessee, Health Science Center <i>Residency in Pediatrics</i>	Memphis, TN
1997–1998	University of Tennessee, Health Science Center <i>Internship in Pediatrics</i>	Memphis, TN

**BOARD CERTIFICATION**

2008	Maintenance of Certification, American Board of Pediatrics (Completed requirements through December 31, 2015 and currently meeting MOC requirements)
2001	General Pediatrics Certifying Exam, American Board of Pediatrics (Effective through December 31, 2008)
1997	United States Medical Licensing Exam, Step III
1997	United States Medical Licensing Exam, Step II
1995	United States Medical Licensing Exam, Step I

**MEDICAL LICENSURE**

2000–present	State of California (# A71741)
2011–present	State of Oregon (#MD153060)

**ACADEMIC APPOINTMENTS**

2007–2011	University of California, San Diego <i>Voluntary Assistant Clinical Professor, Department of Pediatrics</i>	San Diego, CA
2004–2007	University of California, San Diego <i>Assistant Professor, Department of Pediatrics</i>	San Diego, CA
2000–2004	University of California, San Diego <i>Clinical Instructor, Department of Pediatrics</i>	San Diego, CA

**PROFESSIONAL SOCIETY MEMBERSHIPS**

2001–present	Ambulatory Pediatric Association <i>Region X Co-Chair (2011–2015)</i>
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1997-present	American Academy of Pediatrics (AAP), Fellow <i>Vice President (2008-2010), Secretary (2004-2008): AAP CA Chapter 3 District IX Rep., National Committee on Membership (2006-2011) Member, District IX Membership Committee (2007-2011)</i>
1988-1999	Biophysical Society
1998-1999	Sigma Xi Scientific Research Society

**HONORS AND AWARDS**

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2019	American Academy of Pediatrics - California Chapter 3, <i>AAP-CA3 Individual Special Achievement Award</i>	Itasca, IL
2018	American Academy of Pediatrics - California Chapter 3, <i>AAP-CA3 Individual Special Achievement Award</i>	Itasca, IL
2014	San Diego County Breastfeeding Coalition, <i>2014 Breastfeeding Champion</i>	San Diego, CA
2013	American Academy of Pediatrics, <i>2013 Child Health Advocate Award</i>	Elk Grove Village, IL
2011	American Academy of Pediatrics, <i>Special Achievement Award for Distinguished Service and Dedication to the Mission and Goals of the Academy</i>	San Diego, CA
2010	U.S.-Mexico Border Health Commission, 2010 U.S.-Mexico Border Models of Excellence <i>Nutrition Education Aimed at Toddlers and Animal Trackers for Ages 2-4 (Initial co-director) – one of two programs selected for the award nationally</i>	San Diego, CA
2008	University of California, San Diego <i>Equal Opportunity/Affirmative Action and Diversity, Universitywide Award</i>	La Jolla, CA
2007	Shaping a Healthy Future Award <i>Nutrition Education Aimed at Toddlers and Animal Trackers for Ages 2-4 (Co-director) - awarded in the Childcare and Preschools Domain</i>	San Diego, CA
2002	Pediatric Leadership Alliance <i>Selected for Pediatric Leaders for the 21<sup>st</sup> Century</i>	Houston, TX
2001	Pediatric Academic Societies Annual Meeting <i>Ambulatory Pediatrics Association Fellows Award</i>	Baltimore, MD
2000	University of Tennessee Health Science Center <i>Pediatric Residency, 2000 Extra Mile Award</i>	Memphis, TN
1992	Sigma Xi Scientific Research Society <i>Outstanding Undergraduate Research Project</i>	Washington, DC
1989-1990	Georgetown University <i>Dean's List</i>	Washington, DC

**SPECIAL SKILLS**

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Proficient in Spanish

**CLINICAL EXPERIENCES**

2000-2007	Teen Outreach Mobile Clinic <i>Volunteer Attending Physician</i> <i>Co-Medical Director (2002-present)</i>	San Diego, CA
2000-2007	University of California, San Diego <i>Attending Physician, Ambulatory Care Clinic</i>	San Diego, CA
2003-2004	University of California, San Diego <i>Associate Physician, Division of Community Pediatrics</i>	San Diego, CA
2000-2003	Children's Hospital and Health Center <i>Attending Physician, Urgent Care</i>	San Diego, CA
2000-2002	Central School <i>School Health Consultant</i>	Imperial Beach, CA

**OTHER PROFESSIONAL EXPERIENCES**

2014-present	Member <i>Public Health Stakeholders Group, San Diego Association of Governments (SANDAG)</i>	San Diego, CA
2014-2015	Reviewer <i>8<sup>th</sup> Biennial Childhood Obesity Conference Healthcare Approaches to Prevention Track</i>	San Diego, CA
2006-present	Reviewer <i>Academic Pediatrics (formerly Ambulatory Pediatrics)</i>	McLean, VA
2003-present	Pediatric Leadership Alliance <i>Planning Group Member and Faculty</i>	Elk Grove Village, IL
2007-2008	Advisory Committee Member <i>UCSD Continuing Medical Education, DDHealthInfo.org Website</i>	La Jolla, CA
June 2007	Reviewer <i>Centers for Disease Control and Prevention Mentored Public Health Research Scientist (K01) Special Emphasis Panel</i>	Atlanta, GA
2003-2005	University of California, San Diego <i>Curriculum Director, Pediatric Clerkship</i>	San Diego, CA
2002-2005	American Academy of Pediatrics, PediaLink <i>Associate Editor, Curriculum Committee</i>	Elk Grove Village, IL
2001-2005	Community Pediatrics Training Initiative <i>UCSD, Representative to National Curriculum Committee</i>	Elk Grove Village, IL
2000-2007	University of California, San Diego <i>Curriculum Development, Community Pediatrics Resident Training</i>	San Diego, CA
1997-2000	University of Tennessee Health Science Center <i>Residents as Teachers Section, Committee on Residency Education (CORE)</i>	Memphis, TN

1997-1998	University of Tennessee Health Science Center <i>Resident Representative, CORE</i>	Memphis, TN
Summer 1994	Choate Rosemary Hall <i>Science Teacher and Dorm Parent</i>	Wallingford, CT
Summer 1993	Choate Rosemary Hall <i>Science Teaching Intern</i>	Wallingford, CT

**COMMUNITY SERVICE**


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2006-2008	Commission for Arts and Culture Public Art Program <i>Panelist for Selection of Artist Team to Design Educational Space at Branch Library</i>	San Diego, CA
2006	First 5 for Kids! Children's Health and Oral Health Media and Outreach Campaign <i>Advisory Board Member</i>	San Diego, CA
2006	Family Health Centers of San Diego <i>Certificate of Appreciation, National Volunteer Week</i>	San Diego, CA
2002-2006	Juvenile Justice Commission <i>Commissioner Member at Large and Chair Children's Committee (2002-2003) Chair (2003-2004) Past-Chair (2004-2005)</i>	San Diego, CA
1995	Georgetown University School of Medicine <i>HIV/AIDS Awareness Outreach Program; Washington, DC Public Schools</i>	Washington, DC
1993	Georgetown University School of Medicine <i>Drug and Alcohol Awareness Outreach Program; Washington, DC Public Schools</i>	Washington, DC
1992-1993	Georgetown University <i>Peer Educator</i>	Washington, DC
1990-1993	Georgetown Emergency Response Medical Service <i>Volunteer Emergency Medical Technician</i>	Washington, DC

**GRANTS**


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2006-2008	First 5 Commission of San Diego County <i>Nutrition Education Aimed at Toddlers and Animal Trackers for Ages 2-4 (NEAT AT2); Broyles SL (PI); Sidelinger DE (Co-PI, Co-Director); \$955,125 (program continued at UCSD through 2009). Role – Co-Director</i>
2006-2008	First 5 Commission of San Diego County, through a sub-contract to SBCS <i>South Bay Developmental Assessment and Treatment Team; Sidelinger DE (Director); \$863,598 (program continues at UCSD through 2010). Role – Director</i>
2006-2007	California Endowment <i>Program in Medical Education – Health Equity (PRIME-HEq); Holmes, E (PI); \$100,000. Role – Co-Investigator, Curriculum and Program Implementation</i>

- 2005-2008 Health Resources and Services Administration  
*Training in Primary Care Medicine and Dentistry; Epstein E (Principal Investigator); \$538,278.*  
Role – Evaluator and Co-Lead Curriculum Developer
- 2003-2006 Health Resources and Services Administration  
*Hispanic Center of Excellence; Daley S (Principal Investigator); \$2,576,576.*  
Role – Coordinator, Cultural Competence Development Program
- 2002-2007 NIH - National Center on Minority Health and Health Disparities  
*Comprehensive Center of Excellence in Partnerships for Community Outreach, Research on Disparities in Health and Training (EXPORT Center); Daley S (Principal Investigator); \$3,933,142.*  
Role – Director, Health Disparities Education Core
- 2000-2005 Centers for Disease Control and Prevention  
*UCSD Academic Center of Excellence on Youth Violence Prevention; Reznik V (Principal Investigator); \$1,621,525.*  
Role – Director, Youth Violence Prevention Training
- 2000-2005 Dyson Foundation  
*The Anne E. Dyson Community Pediatrics Training Initiative, San Diego; Nader P, Reznik V, Blaschke G (Principal Investigators); \$2,500,000.*  
Role – Core Faculty

**PEER-REVIEWED PUBLICATIONS**

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**2014**

Ryan S, Sidelinger DE, Saitowitz S, Browner D, Vance S, McDermid L: Designing and implementing a regional active transportation monitoring program through a County-MPO-University collaboration, **American Journal of Health Promotion**: 28(3 supplement): S104-S111 January/February 2014.

**2012**

Chan MH, Ma L, Sidelinger D, Bethel L, Yen J, Inveiss A, Sawyer MH, Waters-Montijo K, Johnson JM, Hicks L, McDonald EC, Ginsberg MM, Bradley JS: The California pertussis epidemic 2010: a review of 986 pediatric case reports from San Diego County, **Journal of the Pediatric Infectious Diseases Society**: 1(1): 47-54 2012.

**2008**

Zirkle D, Williams K, Herzog K, Sidelinger D, Connelly C, Reznik V: Incorporating the experiences of youth with traumatic injury into the training of health professionals, **American Journal of Public Health**: 34(3S): S62-66 Mar 2008.

Hassidim A, Waters-Montijo K, Wooten W, Sawyer M, Sidelinger D, Harriman K, Backer H, Effler P, Nakata M, Srinivasan A, Bell M, Kutty P, Redd S, Goldstein S, Seward J: Outbreak of measles --- San Diego, California, January--February 2008, **MMWR**: 57(08): 203-206 Feb 29, 2008.

Johnson S, Sidelinger DE, Blanco E, Palinkas LA, Macdonald D, Reznik V: Ethnic differences and treatment trajectories in chronic kidney disease, **Journal of Health Care for the Poor and Underserved**, 19(1): 90-102 Feb 2008.

**2006**

Zúñiga ML, Sidelinger DE, Blaschke GS, Silva FA, Broyles SL, Nader PR, Reznik V: Evaluation of residency training in the delivery of culturally effective care, **Medical Education**, 40(12): 1192-1200 Dec 2006.



**2005**

Sidelinger DE, Guerrero APS, Rodriguez-Frau M, Mirabal B: Training healthcare professionals in youth violence prevention: an overview, **American Journal of Preventive Medicine**, 29(5S2): 200-205 Dec 2005.

Sidelinger DE, Meyer D, Blaschke GS, Hametz P, Batista M, Salguero R, Reznik V: Communities as teachers: learning to deliver culturally effective care in pediatrics, **Pediatrics**, 115(4 Suppl): 1160-4 Apr 2005.

Garfunkel LC, Sidelinger DE, Rezet B, Blaschke GS, Risko W: Achieving consensus on competency in community pediatrics, **Pediatrics**, 115(4 Suppl): 1167-1171 Apr 2005.

Rezet B, Risko W, Blaschke GS; Dyson Community Pediatrics Training Initiative Curriculum Committee (Sidelinger DE committee member): Competency in community pediatrics: consensus statement of the Dyson Initiative Curriculum Committee, **Pediatrics**, 115(4 Suppl): 1172-1183 Apr 2005.

**2004**

Rezet B, Sidelinger DE, Risko W: Methods and Evaluation (book chapter) in **Community Pediatrics Curriculum**, eds Risko W, Chi G, Palfrey J, Anne E. Dyson Community Pediatrics Training Initiative, Boston, MA, 2004.

Sidelinger D, Blaschke G, Reznik V: Cultural Immersion Days and/or Film and Theatre Experience (chapter section) in **Community Pediatrics Curriculum**, eds Risko W, Chi G, Palfrey J, Anne E. Dyson Community Pediatrics Training Initiative, Boston, MA, 2004.

**2003**

Bradley BJ, Gresham LS, Sidelinger DE, Hartstein BH: Pediatric health professionals and public health response. **Pediatric Annals**, 32(2): 86-94, Feb 2003.

**1994**

Rowlett RS, Chance MR, Wirt MD, Sidelinger DE, Royal JR, Woodroffe M, Wang YFA, Saha RP, Lam MG: Kinetic and structural characterization of spinach carbonic anhydrase. **Biochemistry**, 33 (47): 13697-13976, 1994.

**1993**

Sidelinger DE, Chance MR, Wirt MD, Rowlett R: EXAFS analysis of carbonic anhydrase from spinach (abstract). **Biophysical Journal**, 64 (2): A369, 1993.

Chance MR, Wirt MD, Scheuring EM, Miller LM, Xie AH, Sidelinger DE: Time resolved x-ray absorption spectroscopy on microsecond timescales – indications for the examination of structural motions (note). **Review of Scientific Instruments**, 64 (7): 2035-2036, 1993.

**OTHER PUBLICATIONS, INVITED PRESENTATIONS, AND POSTERS**

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**2019**

July 2019: Bartel S, Pfeffinger A, Sidelinger D, Gertel-Rosenberg A: Building community health through meaningful partnerships and clinician advocacy (mini-plenary). 10<sup>th</sup> Biennial Childhood Obesity Conference; Anaheim, CA.

**2018**

November 2018: Stegall A, Linayao-Putman I, Tregembo S, Browner D, Sidelinger D, Coleman T, Wooten W: Integrating tobacco cessation and use of nicotine replacement therapy in behavioral health treatment settings (poster). American Public Health Association 146<sup>th</sup> Annual Meeting and Exposition; San Diego, CA.

**2017**

November 2017: Stegall A, Browner D, Linayao-Putman I, Sidelinger D, Coleman T, Wooten W, Murphy M: Availability of tobacco products and healthy foods in the retail environment – comparative results from the 2013 and 2016 Healthy Stores for a Healthy Community Campaign, San Diego County (poster). American Public Health Association 145<sup>th</sup> Annual Meeting and Exposition; Atlanta, GA.

November 2017: Billups N, Arnett J, Sidelinger D, Hamburger A, Lopez C, Coleman T, Wooten W, Murphy M: Eat well practices – county government guidance for the impact of food on health, the environment and economy (poster). American Public Health Association 145<sup>th</sup> Annual Meeting and Exposition; Atlanta, GA.

October 2017: Sidelinger DE: Update: interim guidance for the diagnosis, evaluation, and management of infants with possible congenital Zika Virus infection — United States, October 2017 (acknowledged for participation as a reviewer and in forum to update guidance): MMWR Morb Mortal Wkly Rep 2017;66:1089–1099.

September 2017: Sidelinger D: Leadership essentials (presentation). American Academy of Pediatrics National Conference and Exhibition, Young Physicians' Leadership Alliance: Chicago, IL.

September 2017: Sidelinger D: Knowing yourself and others (presentation). American Academy of Pediatrics National Conference and Exhibition, Young Physicians' Leadership Alliance: Chicago, IL.

August 2017: Sidelinger D: Forum on the diagnosis, evaluation, and management of Zika Virus infection among infants (invited participant): Atlanta, GA.

August 2017: Sidelinger D: All Children Thrive Learning Network Design Meeting (invited participant): Cincinnati, OH.

**2016**

November 2016: Browner D, Thorne C, Bailey K, Coleman T, Thihalolipavan S, Sidelinger D, Wooten W: Improving population health through innovative clinical partnerships (presentation). American Public Health Association 144<sup>th</sup> Annual Meeting and Exposition; Denver, CO.

October 2016: Sidelinger D: Leadership essentials (presentation). American Academy of Pediatrics National Conference and Exhibition, Young Physicians' Leadership Alliance: San Francisco, CA.

October 2016: Sidelinger D: Knowing yourself and others (presentation). American Academy of Pediatrics National Conference and Exhibition, Young Physicians' Leadership Alliance: San Francisco, CA.

June 2016 Browner D, Bailey K, Thorne C, Coleman T, Sidelinger D, Thihalolipavan S, Wooten W: Innovative practices to improve population health surveillance through a partnership with a clinical collaborative(presentation). CSTE Annual Conference: Anchorage, AK.

June 2016: Sidelinger D: Maternal depression and effects on children (presentation). Family Dispute Regional Training; El Cajon, CA.

May 2016: Sidelinger D: Food insecurity and child health (presentation). Hunger Advocacy Network Legislative Breakfast; San Diego, CA.

May 2016: Sidelinger D: Live Well San Diego and Children (presentation). All Children Thrive Roadmapping and Design Meeting; Columbus and Cincinnati, OH.

**2015**

November 2015: Kashiwa A, Wright S, Billups N, Browner D, Sidelinger D: Supporting breastfeeding for low income women in community healthcare centers (poster). American Public Health Association 143<sup>rd</sup> Annual Meeting and Exposition; Chicago, IL.

October 2015: Sidelinger DE: Creating great cities – an evening with Gil Penalosa (panelist). Archtoberfest 2015; San Diego, CA.

October 2015: Sidelinger DE: Medical impacts of food insecurity (presentation). Food Waste Solution Summit San Diego; San Diego, CA.

September 2015: Sidelinger DE: Maternal depression – a child's perspective (presentation). 2015 Early Childhood Mental Health Conference: We Can't Wait VI; San Diego, CA.

April 2015: Sidelinger DE: Development of local e-cigarette policies and regulations (presentation). Pediatric Tobacco Issues Special Interest Group, Pediatric Academic Societies' Meeting; San Diego, CA.

January 2015: Allison M, French G, Sidelinger D, Simon T, Yin L (Meeting Co-Directors): 2015 Ambulatory Pediatric Association Region IX-X Community, Advocacy, Research and Education (CARE) Conference; Monterey, CA.

January 2015: Sidelinger DE: Systems change at the county level to support breastfeeding (keynote presentation). Call to Action: Gold Rush of Breastfeeding Support – 5<sup>th</sup> Annual Breastfeeding Summit; Anaheim, CA.

**2014**

November 2014: Saitowitz S, McDermid L, Zenzola T, Browner D, Sidelinger DE, Wooten W: Regional collaboration for healthy communities: integrating public health principles in local and regional planning and decision-making (presentation by Saitowitz S). American Public Health Association 142<sup>nd</sup> Annual Meeting and Exposition; New Orleans, LA.

November 2014: Blevins C, Hall J, Bucholtz J, Griffin D, Sidelinger DE, Wooten W: A means to an end: integrating a trauma-informed approach for achieving collective impact on family violence prevention (presentation by Blevins C). American Public Health Association 142<sup>nd</sup> Annual Meeting and Exposition; New Orleans, LA.

November 2014: Browner D, Lopez CR, Wester R, Sidelinger DE, McDonald EC, Blitstein J, Brown GG, Wooten W: Next steps in electronic BMI surveillance: modelling missing data from electronic health record-based surveillance (poster). American Public Health Association 142<sup>nd</sup> Annual Meeting and Exposition; New Orleans, LA.

November 2014: Browner D, McDermid L, Maizlish N, Saitowitz S, Sidelinger DE, Wooten W: Tools for collaboration: integrating health into planning at a metropolitan planning organization (poster). American Public Health Association 142<sup>nd</sup> Annual Meeting and Exposition; New Orleans, LA.

November 2014: Butler N, Kashiwa A, McDermid L, Browner D, Sidelinger DE, Wooten W: Improving lactation policy in California schools: local efforts leading the way (presentation by Butler N). American Public Health Association 142<sup>nd</sup> Annual Meeting and Exposition; New Orleans, LA.

November 2014: Billups N, Pozzebon L, McDermid L, Sidelinger DE, Wooten W: Collaborating for safety in local food production: San Diego's culinary garden agreement (presentation by Billups N). American Public Health Association 142<sup>nd</sup> Annual Meeting and Exposition; New Orleans, LA.

September 2014: Sidelinger DE: Addressing adverse childhood experiences and their health outcomes across systems (presentation). 2014 Early Childhood Mental Health Conference: We Can't Wait V; San Diego, CA.

July 2014: Minyard K, Sidelinger DE, Yphantides N: Bridging clinical and community partnerships to address community health (webinar presentation). Centers for Disease Control and Prevention Division of Community Health; Atlanta, GA.

July 2014: Miller M, Broderick B, Baldwin S, Sidelinger DE: Engaging with local health departments (presentation). California Department of Public Health, Nutrition Education and Obesity Prevention Branch: Champion Providers Training; San Francisco, CA.

June 2014: Sidelinger DE: Learning about San Diego's trauma informed community commitment (presentation). We Are the Medicine: How communities and the health care system can work together to address childhood trauma and promote resilience; San Diego, CA.

March 2014: Sidelinger DE: Leadership Education Workshop –What is my color palette (presentation). 2014 American Academy of Pediatrics Annual Leadership Forum; Schaumburg, IL.

March 2014: Sidelinger DE: Leadership Education Workshop –Leadership styles and team building (presentation). 2014 American Academy of Pediatrics Annual Leadership Forum; Schaumburg, IL.

January 2014: Allison M, French G, Sidelinger D, Simon T, Yin L (Meeting Co-Directors): 2014 Ambulatory Pediatric Association Region IX-X Community, Advocacy, Research and Education (CARE) Conference; Monterey, CA.

## 2013

December 2013: Sidelinger D: Live Well San Diego – preventing chronic disease (presentation); Southern California Public Health Association Annual Conference; Los Angeles, CA.

December 2013: Pediatric Leadership Alliance Planning Group (Sidelinger DE, Member and Faculty): Pediatric Leadership Alliance Training for American Academy of Pediatrics Staff; Elk Grove Village, IL.

November 2013: Browner D, Sidelinger D, Wester R, Barnes R, Waters-Montijo K, McDonald E, Wooten W: San Diego BMI surveillance: Lessons learned in developing new electronic surveillance using existing systems (poster); American Public Health Association 141st Annual Meeting and Exhibition; Boston, MA.

November 2013: Browner D, McDermid L, Sidelinger D, McDonald E, Wooten W: Successful strategies for increasing healthy eating and physical activity in schools: Lessons learned from San Diego communities putting prevention to work (CPPW) (poster); American Public Health Association 141st Annual Meeting and Exhibition; Boston, MA.

November 2013: Sidelinger D, Browner D, Butler N, McDonald E, Wooten W: San Diego county food systems: Ripe for change (presentation by Browner D); American Public Health Association 141st Annual Meeting and Exhibition; Boston, MA.

November 2013: Sidelinger D: Maternal Depression and Children (presentation); Grand Rounds of the Division of Child and Adolescent Psychiatry of UCSD, and the Department of Psychiatry of RCHSD; San Diego, CA.

October 2013: Sidelinger D: Public health potpourri (presentation); American Academy of Pediatrics California Chapter 3 School Health Leadership Conference; San Diego, CA.

August 2013 Sidelinger DE: Leadership Education for Pediatricians (presentation); American Academy of Pediatrics Community Access to Child Health (CATCH) Facilitator Training; Rosemont, IL.

March 2013: Sidelinger DE: Leadership Education Workshop – Motivating Others (presentation). 2013 American Academy of Pediatrics Annual Leadership Forum; Schaumburg, IL.

January 2013: Hobson-Rohrer W, Kuo A, Sidelinger D, Yin L (Meeting Co-Directors): 2013 Ambulatory Pediatric Association Region IX-X Community, Advocacy, Research and Education (CARE) Conference; Monterey, CA.

## 2012

October 2012: Sidelinger D, Slaw K (Presentation): Motivating Others; American Academy of Pediatrics 2012 National Conference and Exhibition; New Orleans, LA.

January 2012: Hobson-Rohrer W, Johnson C, Kuo A, Sidelinger D (Meeting Co-Directors): 2012 Ambulatory Pediatric Association Region IX-X Community, Advocacy, Research and Education (CARE) Conference; Monterey, CA.

## 2011

October 2011: Chan M\*, Sidelinger D, Bethel L, Yen J, Ma L, Sawyer M, Bradley J: The California Pertussis Epidemic: Pediatric Disease in San Diego County (poster presentation); Annual Meeting of the Infectious Diseases Society of America (IDSA); Boston, MA.

*\*Recipient of the Kass Award from IDSA for a landmark presentation by a trainee for M Chan.*

## 2010

May 2010: Sidelinger DE: Community-Wide Obesity Prevention: Examples from San Diego (keynote presentation). U.S.-Mexico Border Health Commission, 2010 U.S.-Mexico Border Models of Excellence Awards Event; San Diego, CA.

January 2010: Sidelinger DE: H1N1 – A Public Health Response (keynote presentation). Academic Pediatric Association Region IX and X Community Advocacy, Research, and Education 2010 Annual Conference; Monterey, CA.

## 2009

December 2009: Sidelinger DE: Dealing with H1N1 and Other Pandemics (presentation and panelist). California Alliance of Information and Referral Services 2009 Annual Conference; San Diego, CA.

November 2009: Sidelinger DE: Pandemic 2009 H1N1 (presentation). 2009 California Clinical Laboratory Association Annual Conference; San Diego, CA.

August 2009: Sidelinger DE: 2009 Pandemic H1N1 – A Case Study in Border Response – A Workshop (welcome and presentation). Conference sponsored by the Early Warning and Infectious Disease Surveillance (EWIDS) program, California Office of Binational Health and public health authorities of the State of Baja California; San Diego, CA.

June 2009: Sidelinger DE: Skin Cancer – The Real Sun Tax. San Diego Physician: 18-19, 2009.

May 2009: Sidelinger DE: Every Child, Every Time, Every Place. San Diego Physician: 24-25, 2009.

May 2009: Sidelinger DE, Taylor L (Co-course Directors): Essential Topics in Pediatrics 2009–Exploring the Developmental Spectrum; University of California, San Diego Office of Continuing Medical Education; San Diego, CA

March 2009: Sidelinger DE: Highlights of the 2007 Joint Committee on Infant Hearing Position Statement - What's New in Early Hearing Detection and Intervention (moderator). National Association of Pediatric Nurse Practitioners 30<sup>th</sup> Annual Conference on Pediatric Health Care; San Diego, CA.

March 2009: Sidelinger DE: Leadership Education Workshop – Color Palette Exercise (presentation). 2009 American Academy of Pediatrics Annual Leadership Forum; Schaumburg, IL.

February 2009: Sidelinger DE: Communication to Encourage Immunization – A Story of Measles in San Diego (presentation and panelist). Third Stakeholder Meeting of the Committee on Review of Priorities in the National Vaccine Plan; Institute of Medicine of the National Academies, Washington, DC.

## 2008

August 2008: Sidelinger DE, Waters-Montijo K, Hassidim TA: From Switzerland to San Diego to Hawaii: a measles virus journey. *San Diego Physician*, 95 (8): 18-19, 2008.

May 2008: Sidelinger DE: Response to measles in San Diego (presentation); Measles outbreak: local responses and experiences (monthly webinar series), National Association of County and City Health Officials; San Diego, CA.

May 2008: Sidelinger DE, Taylor L (Co-course Directors): Essential Topics in Pediatrics 2008 – Exploring the Developmental Spectrum; University of California, San Diego Office of Continuing Medical Education; San Diego, CA.

May 2008: Sidelinger DE: Nutrition education aimed at toddlers and Animal Trackers for children ages 2-4, NEAT AT2 (presentation); School and Community Health Special Interest Group, Pediatric Academic Societies' Meeting; Honolulu, HI.

January 2008: Sidelinger DE: Problem Solving and Prevention in Healthcare, AWAKA Simulation Workshop; California Western School of Law; San Diego, CA.

## 2007

November 2007: Pediatric Leadership Alliance Planning Group (Sidelinger DE, Member and Faculty): Pediatric Leaders for the 21<sup>st</sup> Century – Leadership Training for American Academy of Pediatrics Members; Pediatric Leadership Alliance; Schaumburg, IL.

May 2007: Sidelinger DE, Taylor L (Co-course Directors): Essential Topics in Pediatrics 2007 – Exploring the Developmental Spectrum; University of California, San Diego Office of Continuing Medical Education; San Diego, CA.

## 2006

May 2006: Sidelinger DE, Taylor L (Co-course Directors): Essential Topics in Pediatrics 2006 – Exploring the Developmental Spectrum; University of California, San Diego Office of Continuing Medical Education; San Diego, CA.

April 2006: Sidelinger DE (Moderator): National Infant Immunization Week and Vaccination Week in the Americas 2006 Physician's Forum; County of San Diego, Health and Human Services Agency, Immunization Branch and American Academy of Pediatrics, California Chapter 3; San Diego, CA.

February 2006: Pediatric Leadership Alliance Planning Group (Sidelinger DE, Member and Faculty): Pediatric Leaders for the 21<sup>st</sup> Century – Leadership Training for American Academy of Pediatrics Staff; Pediatric Leadership Alliance; Elk Grove Village, IL.

February 2006: Johnson SL\*, Sidelinger D, Blanco B, Sekhon R, Palinkas L, Reznik V: Cultural Perceptions of Illness, Treatment, and Access to Care in Latino Children with Chronic Renal Disease (poster and presentation); Western Society for Pediatric Research (WSPR) Annual Meeting; Carmel, CA.

*\*Recipient of the WSPR Subspecialty Award and the John and Lola Ross Award in the Science and Culture of Medicine at UCSD for SL Johnson (MS IV).*



**2005**

November 2005: Bailey A, Sidelinger D, Fenner C: Resident Education – Linking Learning and Advocacy (workshop); American Academy of Pediatrics 2005 Chapter Advocacy Summit; Santa Fe, NM.

August 2005: Knox L, Sidelinger DE: Health Care Curriculum and Research Opportunities for Physicians (presentation); University of California, Riverside Academic Center of Excellence on Youth Violence Prevention, 2005 Summer Institute on Youth Violence Prevention; La Jolla, CA.

May 2005: Sidelinger DE, Blaschke GS, Downs SM, Rezet B, Sanders L: Evaluating Residents' Competence in Community Pediatrics (workshop); Pediatric Academic Societies' Meeting; Washington, DC.

May 2005: Sidelinger D, Graff N, Herzog K, Silva F, Williams K, Dugdale H, Blaschke G, Reznik V: Law and Order San Diego: Educating Residents in Violence Prevention (abstract - presented as a poster at 2005 PAS). PAS 2005: 57: 953; Washington, DC.

April 2005: Sidelinger DE, Taylor L (Co-course Directors): Essential Topics in Pediatrics – Exploring the Developmental Spectrum; University of California, San Diego Office of Continuing Medical Education; San Diego, CA.

February 2005: Sidelinger DE (invited participant): Dissemination Planning for Violence Prevention; Prevention Implementation and Dissemination Branch of the Division of Violence Prevention of the Centers for Disease Control and Prevention; Atlanta, GA.

**2004**

November 2004: Pediatric Leadership Alliance Planning Group (Sidelinger DE, Member and Faculty): Pediatric Leaders for the 21<sup>st</sup> Century – Leadership Training for American Academy of Pediatrics Board of Directors and Chapter Vice Presidents; Pediatric Leadership Alliance; Toronto, ON.

May 2004: Hurst S, Anders B, Sidelinger D, Crummer G, Blaschke G, Nader P, Reznik V: All my relations: teaching pediatric residents in American Indian communities (abstract – presented as a poster at 2004 PAS). **Pediatric Research** 55(4): 353A.

May 2004: Sidelinger D, Anders B, Zuniga ML, Hamilton E, Urueta C, Blaschke G, Nader P, Reznik V: La frontera que nos une: teaching pediatric residents about the impact of the US/Mexico border on health (abstract – presented as a poster at 2004 PAS). **Pediatric Research** 55(4): 353A-354A.

**2003**

May 2003: Zuniga ML, Sidelinger D, Herzog K, Hurst S, Reznik V, Nader P, Blaschke G: What residents bring to the table: self-awareness in delivery of culturally effective care (abstract – presented as a poster at 2003 Pediatric Academic Societies' Annual Meeting (PAS)). **Pediatric Research** 53(4).

May 2003: Sidelinger DE, Herzog KE, Silva FA, Blaschke GS, Nader PR, Reznik V: Continuity clinic community snapshot: engaging pediatric residents to learn about the communities in which they live and work (abstract – presented as a poster at 2003 PAS). **Pediatric Research** 53(4).

May 2003: Risko W and the National Curriculum Committee of the Anne E. Dyson Community Pediatrics Training Initiative (Sidelinger DE committee member): Teaching Residents Community-Based Pediatrics: Lessons Learned from the Anne E. Dyson Community Pediatrics Training Initiative (workshop); 2003 PAS; Seattle, WA.

March 2003: Blaschke GS, Sidelinger DE: Faculty Development Workshop – Effective Resident Teaching; University of California, Davis, Department of Pediatrics; Sacramento, CA.

March 2003: Graff N, Sidelinger DE: Youth Violence Prevention Workshop; SOM 410: From Principles to Practice, University of California, San Diego; La Jolla, CA.

## 2002

May 2002: Reznik VR, Sidelinger DE, Blaschke GS, Silva F, Hurst S, Zuniga M, Anders B, Nader P: Cultural Immersion Days for Pediatric Residents -Lessons Learned from Exploring Diverse Cultures in San Diego (poster); Pediatric Academic Societies' Meeting; Baltimore, MD.

May 2002: Dyson Initiative Evaluation Group (Sidelinger DE committee member): Program Evaluation for Advocacy Interventions in Residency Programs (workshop); Pediatric Academic Societies' Meeting; Baltimore, MD.

March 2002: Taras HL, Nader PR, Sidelinger DE: What the Committee on School Health Wants YOU to Know (small group session); Uniformed Services Pediatric Seminar; San Diego, CA.

March 2002: Graff N, Sidelinger DE: Youth Violence Prevention Workshop; SOM 410: From Principles to Practice, University of California, San Diego; La Jolla, CA.

## 2001

December 2001: Sidelinger DE, Blaschke GS, Nader PR, Silva F, Reznik V: Experiential Learning for Pediatric Residents in Youth Violence Prevention (poster); Mobilizing for a Safe USA; Atlanta, GA.

April 2001: Sidelinger DE: Role of the Pediatrician in Improving Academic Achievement (talk); National Association of Elementary School Principals' Convention; San Diego, CA.

April 2001: Sidelinger DE: Partnering with the Community for Resident Training (poster); presented during combined workshop, Community-Based Medical Education: Learning from the Dyson Initiative/Advocacy Special Interest Group; Pediatric Academic Societies' Meeting; Baltimore, MD.

## 1998

October 1998: Sidelinger DE: Residents as Teachers: Skits for interns on medical student teaching; University of Tennessee; Memphis, Tennessee.

July 1998: Sidelinger DE: Residents as Teachers: Introduction for new interns on medical student teaching; University of Tennessee; Memphis, Tennessee.

April 1998: Sidelinger DE: Residents as Teachers: Presentation for upcoming supervisory residents; University of Tennessee; Memphis, Tennessee.



**CERTIFICATE OF SERVICE**

I certify that on August 19, 2020, I served the foregoing DECLARATION OF DR. DEAN SIDELINGER IN OPPOSITION TO PLAINTIFFS' MOTION FOR A TEMPORARY RESTRAINING ORDER upon the parties hereto by the method indicated below, and addressed to the following:

John Kaempf  
Kaempf Law Firm PC  
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Portland, Oregon 97204

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☐ MAIL DELIVERY  
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